NOTICE OF FEE DUE

DATE:	5-23-02			
TO:	GP			
FROM:	Office of Initial Patent Examina	tion		
SUBJECT	: Fee Due			
APPLICA	TION NUMBER: 09 47	2134		
Office for	ne for the attached document submethe following reason. Please chection to charge a deposit account. It appropriate fee. If an authorization	k the application fan authorization	for the	appropriate ent, please
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□ Insuffi	cient fee by check			
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□ Declin	ed credit card		w.	
□ Non a	uthorization for charge to deposit	account		
□ No fee	e submitted per requirement A			
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The corre	ect fee code:	amount	\$	110
The susp	ended fee code: 197	amount	- \$	
Fee Due		amount	=\$ _	
If you hav Eleanor K	ve any questions, please contact C Lurtz at 703-308-3642.	ynthia Streater at	703-30	6-5430 or
Terminal	Operator Hwnb			

